



92 FRANKLIN STREET BUFFALO, NEW YORK 14202 (716) 858-8785 Option #3

COUNTY OF ERIE MICHAEL P. KEARNS Erie County Clerk

UPGRADE AFFIDAVIT - PPU

REQUEST FOR PERSONAL and/or BUSINESS PROTECTION ON PISTOL PERMIT

STATE OF NEW YORK SUPREME COURT: County of Erie

Full Name			Maiden Name (if applicable)	Date of Birth			
Full Address			Home Number	Cell Number			
Mailing Address (if different)			Work Number				
Email Address			Country of Birth				
Employer			Job Title				
		•					
Pistol Permit #: Perm			t Issue Date:				
I am requesting a pistol permit upgrade for the following reason: Unrestricted/Personal Protection							
Please give a detailed reason for requesting an upgrade: (attach separate sheet if necessary)							
Since obtaining my original pistol permit, I have completed additional firearms training (attached are copies of certificates).							
	I have not been arrested and/or convicted of a felony, criminal offense or Vehicle/Traffic violation other than minor traffic violations since my permit was issued.						
	I have not been treated for any physical illness or disability, mental/emotional illness or disease, treated for alcohol / drug abuse nor have I been institutionalized, hospitalized or committed to any public/private facility which provides treatment for those listed.						
	I have not been charged, petition against, a respondent or otherwise been a subject of a proceeding in Family Court.						
Please provide details for any boxes above <u>NOT</u> checked:							

Please designate a person who will be responsible for notifying the pistol permit office a	nd
surrendering your guns in the event of your subsequent incapacity or death.	

	Name:	·		
	Address	:		
	Home Pl	hone:	Mobile Pho	ne:
	Relation	ship:		
DATE:				
		_		
				PRINT NAME
		_		
			API	PLICANT'S SIGNATURE
NOTICE		FALSE STATEMENTS MADE HEREI PURSUANT TO SEC. 210.45 OF THE OF THE FIREARMS LICENSE PURS	E PENAL LAW AND A	RE GROUNDS FOR REVOCATION
	OF NEW Y OF ER			
	Sworn to	before me on this day of	,	20